

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$40.00 for date of service, 09/13/01.
- b. The request was received on 08/12/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. EOB(s)
 - d. Based on Commission Rule 133.307 (g), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 09/05/02. There is no response from the Requestor in the file. A "No Response Submitted" is reflected in Exhibit I.
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. Response to a Request for Dispute Resolution
 - b. HCFA(s)
 - c. Medical Audit summary/EOB/TWCC 62 form
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional documentation via a fee letter (MR116) that was mailed to the Requestor on 09/05/02. The Requestor did not respond as required by Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4).

III. PARTIES' POSITIONS

1. Requestor: No position statement submitted

2. Respondent: Letter dated 10/01/02

“The only charges we have received from this provider for this date of service are for codes 73000, an x-ray exam of the collar bone and 73010 for an x-ray exam of the scapula. Code 73000 was denied by a system edit as included in the charge of \$46.00 for code 73010, x-ray of the scapula, complete. It is unnecessary to bill an additional code for examination of an area that is included in another code.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 09/13/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$45.00 for services rendered on the above date in dispute.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the above date in dispute.
5. Per the Requestor's Table of Disputed Services, the amount in dispute is \$40.00 for services rendered on the above date in dispute.
6. The Carrier's EOB(s) deny reimbursement as, "F REDUCTION ACCORDING TO MEDICAL FEE GUIDELINES".
7. There is no medical documentation in the file to support that services were rendered as billed.
8. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
09/13/01	73000	\$45.00	\$0.00	F	\$40.00	TWCC Rule 133.307 (g) (3); CPT Descriptor	Pursuant to TWCC Rule 133.307 (g) the Requestor was notified to submit additional medical documentation on 09/05/02. The Requestor did not submit the required information. Therefore, there is no medical documentation to support services billed and no additional reimbursement is recommended.
Totals		\$45.00	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 22nd day of January 2003.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division